



## PROGRAM AUTHORIZATION

Your tenant has requested assistance through the City of Colorado Springs, Housing Development Division, for the purpose stated below. Your written authorization is required because you own the property where the modifications are requested. We will consider your tenant's request upon return receipt of this authorization.

Address of property to receive modifications:

\_\_\_\_\_

**Property Owner:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Authorized Agent (person authorized to sign on behalf of owner):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Household to be assisted by Program:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Modifications requested by tenant:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the modifications described above will be funded by a grant through the federal Community Development Block Grant Program (CDBG) at no cost to me. I understand that all construction will be performed by a licensed and insured private contractor unaffiliated with the City of Colorado Springs. I authorize the City to proceed.

\_\_\_\_\_  
Property Owner or Authorized Agent

\_\_\_\_\_  
Date

Housing Development  
702 East Boulder Street, Colorado Springs, CO 80903  
Phone: (719) 385-5912 Fax: (719) 632-0791 [www.springsgov.com/housing](http://www.springsgov.com/housing)